

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039563

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 60

FILED OCT 31 1962

1. PLACE OF DEATH

a. COUNTY

Newton

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN StellaLength of stay in lb  
9 daysc. CITY  
OR TOWN GranbyInside Limits  
Yes ☒ No ☐c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Cardwell MemorialInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (if outside, give location)  
South MainReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Charlotte Agnes Barnett

4. DATE  
OF DEATH

Month

Day

Year

October 7, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-20-1907

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Nursing

10b. KIND OF BUSINESS OR INDUSTRY

Rest Home

11. BIRTHPLACE (City and state or country)

Granby, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Edward Sanders

13b. MOTHER'S MAIDEN NAME

Stella Lemons

14. NAME OF HUSBAND OR WIFE

deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

3 Mrs. Stella Sanders Granby, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Carcinoma

(intestinal)  
Primary uterine carcinomaConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATH

8 mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Aug 61 to Oct 7, 62

and last saw her

alive on Oct 7, 62

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE/SIGNED

23b. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23c. DATE

10-10-62

23d. NAME OF CEMETERY OR CREMATORY

Granby, Memorial

23e. LOCATION (City, town, or county)

Granby, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Shewmake Funeral Home Granby, Mo.

25. DATE RECD. BY LOCAL REG.

10-12-62

26. REGISTRAR'S SIGNATURE

Mildred Moberley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Floyd E. Skumake Jr.*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*Box 218 Granby, Missouri.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.